2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County. Caroline	state Maryland county Caroline
City or town	II ah ha
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harriett Elizaheth Bill	ings
Harriett Elizabeth Bill 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. White Widowed	2D. DATE DF DEATH March 7, 1948 21 8 P.
6.(b) Name of husband or wife	MAY 19 45 10 Mar 7 19 4
7. Birth date of	and that I last saw h & alive on Prop 6 1954
deceased (mo., day, yr.) Jan. 25, 1853	Immediate vause of death
8. AGE: Years Months Days If less than one day	A P
95 1 11mirsmir	1. (pidio Vasculos Venal deserte 3 gg
	Due to.
9. Birthplace	- Suc 10
10. Usual occupation	Due to.
11, Industry or business	BUE 19.
E 12. Name John Russell	Diher conditions
13. Birthplace Maryland	
	(Include pregnancy within 8 months of death)
14. Maiden name Elizabeth Voss 15. Birthplace Maryland	Major findings of operations.
15. Birthplace Maryland	Date of op.
16. Informant Mrs. Elizabeth Smith	Antopsy results
Address Hobbs, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
-1 -01 10	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Bate thereof 3/ 10/ 48 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Wesley	Where did injury occur?
Location Denton, Maryland, Rural	Injured at home, farm, industry, public place (where?)
	Astronal of work?
18. Funeral director Raymond B. Rawlings	M. CXB
Address Greensboro, Maryland.	23. SIGNATURE ALLEMAN JOSEPH D. or other
19. 3/9 19. 48 /mh D Jeoch (Date reeds by registrar) Registrar	A. D. or other 3/9/4
(Date reod by registrar) Registra	Address Date signed

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and



MAR 11 1948

BUREAU V. S.



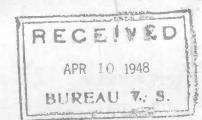
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MARYLAND	ST	AT	E	DEP	AR	TMEN
040	2411	N.	C	harlea	St.,	Baltin

NT OF HEALTH

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FILM No. G 1 15 APR 19 1948 CERTIFICAT	TE OF DEATH Reg. Dist. No. 64
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Roxie Edith Collins	no
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fem. white married	20. DATE OF DEATH 3/28/48 19 30 30 19
6.(b) Name of husband or wife	- CONTRACTOR OF THE CONTRACTOR
8. AGE: Years Months Days If less than one day	Coreteral Hemorrhage. 3/16/40
4 28min.	
9. Birthplace Federalsburg R.F.D. (Town, county, and state) 10. Usual occupation housewife 11. Industry or business E 12. Name George Smith 13. Birthplace Md.	Due to / 44 fly fly finain with 1940. Oue to. Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Ida Dukes 15. Birtholace Md.	Major findings of operations.
15. Birthplace Md.	Date of op.
16. Informant Mr. Harry Collins Address Federalsburg, Md.	Antapsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Hillcrest	22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Federalshurg	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Adams & Williamson	Means of Injury Injured at work?
Address Federalsburg, Md.	- 22 SARNETHEE DE SANTON MAD
19. War 30th 1948 Wescle Hill Registrar	23. SIGNATURE M. D. or other M. D. o

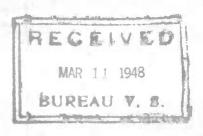


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02586 Reg. Diat. No. 62

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE: DEATH PARCH 3 1848 21 6:30 f.
5.(b) Name of husband or wife 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, eounty, and state) 10. Usual occupation. 11. Industry or business 12. Name Parestly Agreement	Immediato cause of death DURATION 3/3/48
14. Maiden name. Sphia Thomas 15. Birthplace 16. Informant Nelfare Bassof Paroline.	Major fieldings of operations. Date of op.
Address 17. Gurial, cremption, or reproval. Which?) Date thereof. 3 - 7 - 48 (Burial, cremption, or reproval. Which?)	PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Localion 18. Funeral director Diagil	Where did Injury occur?
19. 31 6 (Date ref'd by registrar) 19 48 man 4 Jewsyl	23. SIGNATURE M. D. or other Address Date signed 3/5/48



2411 N. Charles St., Baltimore

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02587

CERTIFICATE OF DEATH

Reg. Dist. No.....

	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Forneyborn infants give residence of mother)
County	State Ind County Caroline
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, Write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME mary Rebecca	- De Ford 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 w// married	20, DATE OF DEATH March 22 19.48 21 /:30 A.
1/7 . k D. 7. 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wite	Dec. 1 1947 10 Mar. 22 1948
7. Birth dale of	years and that last saw h. en allye on Man. 21 18 48
deceased (mo., day, yr.) Left 22, 1873	
8. AGE: Years Months Days If less than one day	Immediate cause of death December DUNATION
52 16 0hrs.	min. Delegge Heart
D & C. 1: - b.1	
9. Birthplace (Town, county, and atate)	Due to Color (Older)
10. Usual occupation Thorneunge	On decrete the standard
X X	Due to
11. Industry or business	
量 12. Name	Dther conditions
≤ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Sally Ottom	
5 15 Birthalace / Sud	Major fiedings of operations.
7 7 7	
16. Informant	PHYStCIAN: Please underline the caose to which death should be charged statistically.
Address Jenton, Jud.	as MOVENCE. It don't was due to external source. till in the tallowing:
17	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Bate thereot. (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location By too hid.	Injured at home, fay, Industry, public place (where?)
V-7 hands	Means of Injury Injured at work?
1B. Funeral director	and I had
Address Menton, hid.	- West needer let
3-25 18 Weller B. John	23. SIGNATUNE M. D. or office
19. 3-25 19.48 Works 19.48	ristrand Address Teles 800 Mar signed 196 K

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BUREAU V. S.

2411 N. Charles St., Battimore

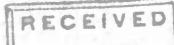
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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Caroline	State Maryland County Caroline		
City or town Henderson (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 6 Yrs.	City or town		
Hospital, institution, or street address where death occurred:	Street No.		
	(If rurel, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Anna Emerson	X		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F. White Married	20. DATE OF DEATH. March 1 19 48 21 520P A		
6.(b) Name of husband or wife	2) I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) It alive, give age 7.5 years	Jan. 15 19.48 10 Than . 1 19.48		
7 Right date of	and that I last saw h alive on Man 18 # 8		
deceased (mo., day, yr.) July 14, 1876	Immediaje Assent death		
8. AGE: Years Months Days It less than one day	Cleanue nesococcocci		
71 7 16hrsmin.			
Smyrna Delaware.	Ove to Chemia to Jacober -		
9. BirthplaceSmyrna, Delaware (Town, county, and state)	Nasculas Heseral		
10. Usual occupation	Oue to.		
11, industry or business	Due to		
單 12 Name No Record	Other conditions		
12. Name			
	(Include pregnancy within 3 months of death)		
E 14. Maiden nameNoRecord	Major findings of operations.		
14. Maiden name	Date of op.		
Clarence Emergon	Autopsy results		
TO, INTO MENT	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Address Henderson, Maryland.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
Burial Burial Date thereot 3/4/48 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Greensboro	Where did Injury occur? (City or town) (County) (State)		
Greensboro, Maryland.	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director. Raymond B. Rawlings	Maans of Injury Injured at work3		
1/	Carried 11 1.1.		
Address Greenshoro, Maryland.	23. SIGNATURE DEV JONEST HOUR OF		
3/4 48 acompositionals	M. D. or gener		
19. 19 Registrar Registrar	Address Date signed Date signed		



MAR 16 1948

BUREAU Y. S.

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PLEASE

MADVIAN	ID CTATE	DEPARTMENT	OF HEALT
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2411 N. Charles St., Baltimore

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02589

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Reg.	Diat.	No.	

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carolina	(For newborn infants give residence of mother) State Range County Cardina City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Preston Bettleham Road (If rural, give LOCATION)		
City or town. Action - Russell (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 39. 79. 19. 19. 19. 19. 19. 19. 19. 19. 19. 1			
	2.(a) It veteran, name war		
3. (a) FULL NAME augusta M. Frase	3. (b) Social Security N	umber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	09-19	
Finale Hite Married	20. DATE OF DEATH. There 25 19 48		
6.(b) Name of husband or wife Gustav C. Frase	21. I CERTIFY that death occurred on the date above stated; that Jattended decear may 9 43 19 to MAY 2	3 14 1948	
	Daniel to the	1/6	
7. Birth date of deceased (mo., day, yr.) January 3, 1883	and that that saw it. N. A	19.75	
8. AGE: Years Months Days If tess than one day	Immediate cause of death. Herry OVY hage	3/19/48	
9. Birtholace (Town, county, and state) 10. Usual occupation Housework 11. Industry or business Home	Due to f	5/3:/4/3	
12. Name	Other conditions	······································	
14. Maiden name Elija Nieler	(Include pregnancy within 8 months of death) Msjor fiadiags of operatioos		
E 15. Birthplace Lermany	Date of op		
18. Informant Gustav & Frace	Autopsy results.		
Address Prestow Maryfund R.J.D.	PHYSICIAN: Please underline the cause to which death should be charged a	алинскиу.	
17 Burish (Burial, cremation, or removal, Which?) Date thereot Thousa 27 19 48 (month) (daf) (year)	VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide	************************	
Cemetery or crematory Linchester Country	Where did injury occur? (City or town) (County) (State)		
Location Preston, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director fight trampton El Son	Meens of Injury Injured at work?		
Address Frderalsburg, Maryland	23. SIGNATURE W. E. Sermon M	v.D	
19. 3/25- 19. 48 Corneles Plummer	23. SIGNATURE THE CELEBRING MM D. O.	other /26/48	





PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

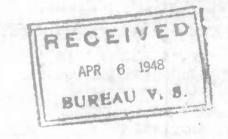
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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ear.	Dist	No	10	0

1. PLACE OF DEATH: County	Street No
3. (a) FULL NAME	3. (b) Social Security Number
Annie R. Hall 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. White Widowed	20. DATE DF DEATH March 16 19.48 31 915P. M
6.(b) Name of husband or wife James Hall 6.(c) If alive, give age year 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.) April 17, 1874	
9. Birthplace. Queen Annes County, Maryland. 10. Usual occupation. Housewife 11. Industry or business X 12. Name. Nathenial Everett 13. Birthplace Maryland	Due to
14. Maiden name Martha Robinson 15. Birthplace Maryland 16. Informant Miss. Esthal Hall	Major findings of operations. Date of op. Actorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Templeville, Maryland. Burial Date thereof 3/19/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Sudlersville Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following: **Accident, suicide, or homicide
18. Funeral director. Raymond B. Rawlings Address Greensboro, Maryland 19. 3/18 19 48 A Clock Ametric (Dark rec'd by registrar) Registrar	23. SIGNATURE M. D. or other



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02591

Reg. Diat. No. 62

1. PLACE OF DEATH: Darating	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Aff de County Maruliane la a
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where doubt occurred:	Street No.
How long in hospital or Institution?	(If rural, give LOCATION)
3. (g) FULL NAME	3. (b) Social Security Number
Charles Hunley Harris	L'art.
4. Sex 5. Color or race 6.(4) Shigie, married, widowed, or divorced	MEDICAL CERTIFICATION
male a. a. maried	20. DATE OF DEATH. March 25 19 48 21 4:45-P.
6.(b) Name of husband or wife Endell Francis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 6.(c) It alive, give age years	and that Wast saw h us alive on Merch 23 1948
deceased (mo., day, yr.) + lon 11. For 5	Immedia pase of death DURATION
8. AGE: Years Months Days If less than one day	Eighal + James
10 9 17 min.	arleris/feborros-
9. Birthplace (Cown, county, and atate)	Due to
10. Usual occupation. Laborer	
11. Industry or business Same as alivel	Due to
12. Name Ilas de fame	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Allerand Andread	Major findings of operations.
\$ 15. Birthplace Margling, lo	- Date ot op.
16. Informant Marthy Chrombels	Antopsy results
Address Hill Cleanon mid.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. July 18. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory I delan Magazinet	Where did Injury occur?
Location Hallalana made	Injured at home, farm, Industry, public place (where?)
18. Funeral director same And Sturrant	Means of injury Injured at work?
Address Inlanting Mda	Cla X I Law S. Max
1. 3/27 48 Pm & Grenal	23. SIGNATURE. M. D. STATELLE
(Date rechi by registrar)	Address Date signed T

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MAR 30 1948 RUREAU V. S.

02592

CERTIFICATE OF DEATH

32			
	Disa	 6	3

	ATE OF DEATH Reg. Diat. No. 63
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May Lond. County Carolina City or town (if outside city or town) imits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If yeteran, name war.
3. (a) FULD NAME	3. (b) Social Security Number
4. Sax 5. Color or race 6. (a) Single, married, widowed, or divorced fescale white Marked	MEDICAL CERTIFICATION 20. DATE OF DEATH MORE 4 15
B.(b) Name of husband or wife Solomon Hurst 6.(c) If alive, give age 7.3	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from Ocline 6 1942, 10 24 15 18
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. R. R. alive on More 15 15 Immediate cause of death Pulmon 484 Jane 18 Jane
68 4 hrs.	Bue to China & Cythic Laxue & Had 12
9. Birihplace	Due to Chimic My o capation 18
11. Industry or business Aryce Murphy.	Other conditions
13. Birthplace Talkery, Walkery,	(Include pregnancy within 3 months of death)
14. Maiden name. 1. 1. 14. Maiden name. 1. 15. Birthplace 15. Birthplace 15. Informant & Aloway 1. Always	Major findings of operations. Date of op.
Address Preston, MB Mart 18 196	PHYSICIAN: Please underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Cometery or grematory.	Accident, suicide, or homicide
Location S. Level Few Market. 18. Funeral director. F. B. Milloy 3 L. L. Y.	Injured at home, farm, Industry, public place (where?) Mesns of injury Lajured at work?
Address Afterlook	23. SIGNATURE Sund Sunday
19. March 17 1948 C. W. Plummer	M. D. or other

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DI	EPARTMENT OF	HEALTH
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2411 N. Charles St., Baltimore

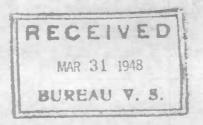
469 CERTIFICATE OF DEATH

02593

..... Date signed.

Reg. Dist. No...

a Divide of Divide	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Caroline	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Caroline
(If outside city or town limits, write RURAL and give nearest town)	Today Ish and
How long in ebove place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Makle arbnue
Makley avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 8 1 100 1	
9. Jacke Messick	216-10-4836
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white nidowed	2/16 ,0 40
The transfer of the transfer o	20. DATE DF DEATH
6.(b) Name of husband or wife Margaret 9. Messick	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
A The state of the	2 2 3 19 48
7. Birth date of	
deceased (mo., day, yr.) June 14 1873	and that I last saw hl.Malive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
O. AGE: 10ate months bays 11 less man one day	Caramana of penaces SMO.
74 9 11hrsmin.	
121+121	a ganeralizad metalessi
8. Birthplace (Town, coonty, and state)	Due to.
10. Usual occupation James tactors Business	n
11. Industry or business	Due to.
x 2 /2 /2 /2 /2	
E 12. Name TUSSICK	Dither conditions Try per leuse on T Sure,
13. Birthpiace Maryland	Volvula Myocardetis
E	(loclode pregnancy within 8 months of death)
E 14. Maiden name. I Lizabella Mally	Major findings of operations.
15. 8irthplace Maryland	Major hadings of operations.
m. : m. 1 200	Date of op. 10/18/4x
16. Intermant Miss Mystle Messeck	Antopsy-results.
Address Federals born Md	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Sealines varg //ca	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Busiel Date thereof March 27 1948	
(Borial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thillerent consterns	Where did injury occur?
Location Leanustury ma.	Injured at home, farm, industry, public place (where?)
1 3/2 we the ellip	Means of Injury Injured at work?
18. Funeral director Aurus VIII among Marine	1 1 1 1 0
Address Fellealshung md.	Frenk Mandeyor MD.
1 = 1	23. SIGNATHINE
19. March 27 1948 Goerett / uttle	(h. Cheera Md. M. D. or other)
(Date rec'd by registrar)	Address Date signed 5/2/4/



2411 N. Charles St., Baltimore

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02594

CERTIFICATE OF DEATH

(3,

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Caroline City or town. Preston (If outside city or town ilmits, write RURAL and give nearest town) Sireel No. (If rural, give LOCATION)			
							2.(a) If veteran, name war
					CHARLE	ES FUI	TON NOBLE
4. Sex MALE	5. Color or race WHITE		married, widowed, or divorced DOWER	4-		ERTIFICATION	1/30 A
6.(b) Name of husband	or wife Cora		ble If alive, give ageyears	21. I CERTIFY that death occu	rred on the date abo	ove stated; that I attended dec	ceased from
7. Birih date of deceased (mo., day,	yr.) April	28, 1		Immediate cause of death	Cornine D	eu 17	OURATION
0	70 10	17	hrs min.		**********************		3226
10. Usual occupation	Canne	<u> </u>	ne, Maryland	1 Descending	Cupta	eto syphilis	
12. Name. Isaac L. Noble 13. Birthplace Caroline County 14. Maiden name Mary E. Corkran 15. Birthplace Dorchester County, Md.				Diher conditions		••••••••••••••••••••••••••••••••••••••	
				/Include pe	ognonev within 9	months of death)	
				Major findings of operations	home		
18. Informant	Lee W. No	ble		Antopsy results	ine the cause to w	hich death should be charge	d statistically.
Address Preston, Md. Burial Burial Dale fhereof Mar. 18 1948 (Month) (Gay) (year) Cemetery or crematory Spring Hill Commutative Location Easton, Md. 18. Funeral director H. M. Hollis					e	Date of	
						(County)	
				Means of Injury	1131 han e himec (u	Injured at work?	
1B. Funeral director.	H. M. Presto			23. SIGNATURE	4 B(Plummer	
19.3.16 1947 C. W. Plummer (Date rec'd by registrar) (Registrar)				Address Peca to	y noy		or other

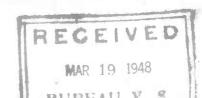
BINDING

FOR

MARGIN RESERVED

WRITE

PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Darbase	(For newhork infants give residence of mother)
City or town	State County County
How long in above place of death? 22 Ribys	City or town
Hospital institution, or street address where death occurred:	Street No.
Flewards Convaliseout North	(Ifrural, give LOCATION)
Mow tong in hospital or institution?	2.(a) II veleran, name war
3. (a) FULL NAME Jarah Jane Storey	3. (b) Social Security Number
4. Sex 5. Ortor or sace 6. far single, married, widowed, or divorced being bei	MEDICAL CERTIFICATION 20. DATE DE DEATH March 20 19.48 21 / A. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Que 30, 1877	yeare and that I last saw help alive on Mark 21 19 4 f
deceased (mo., day, yi.)	Immediate cause of death
8. AGE: Years Months/ Days If less than one dayhrs.	min. Officer to fine the state of 11 day
9. Birthplace	Due 10
10. Usual occupation.	Due to.
11. Industry or business Cer Dynes	Due to.
	Diher conditions Ten arabits of Our Terro - Chrossin
12. Name James N Jutter Way land	nelsa prai
Hancis Dutter	(include pregnancy within 3 months of death)
14. Maiden name Hancy Dutter 15. Birthplace Hay land	Major findiags of operations.
≥ 15. Birthplace	Date ol op.
16, Intermant	Aatopsy resafts PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of Cordora offa.	22. VIOLENCE: II death was due to external causes, fill in the following:
(Burial tremation or remaya hich?) (Burial tremation or remaya hich?) (month) (day) (year)	70
Tai Dieur	Where did injury occur?
Cemetery or cromatory.	(City or town) (County) (State)
Location	Meane of Injury Injured at work?
18. Funeral director	Meane of Injury
Address Caston, Hfd.	23. SIGNATURE SLET LECEPT M.D.
1, 3/23 1, 48 N-D. Neery	M, D, or other
(Date rec'd by registrar)	Strar Address / 2 52 Date signed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and



age

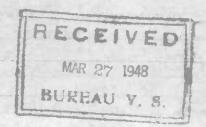
M	A	RYI	AND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02596 Reg. Dist. No. ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Caroline Did nol n	State Maryland County Caroline		
City or town			
How long in ebove place of death?	City or town. Ridgely (If outside city or town limits, write RURAL and give nearest town) Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Medford Thompson	213-18-5593		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH 3 - 24 - 1948 21/16 P. M		
Dolma	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	2-74- 48.3-24-		
7. Birth date of	and that I last saw h 42 alive on 3 - 24 - 48		
deceased (mo., day, yr.) May 30 1890	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Cornery Embolism 2 min		
57 10 25hrsmin.			
9. BirthplaceQueen AnneCounty, Maryland (Town, county, and state)	Due to average to Heart 340		
10. Usual occupation	Que to General arteurochres ?		
11. Industry or business			
12. Name. John W. Thompson 13. Birthplace No Record	Dther conditions		
質 14 Malden name. Susan Ann Saterfield	(tnelude pregnancy within 3 months of death)		
F Control of the cont	Major findings of operations.		
	- Date of op.		
16. Intermant Mrs. Delma Thompson	Autopay results		
Address Ridgely, Maryland.	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.		
Burial Bate thereot 3/27/48 (Burial, eremation, or removal. Whieh?) Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Busic	Where did injury occur? (City or town) (County) (State)		
Location Near Barclay, Maryland.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Raymond B. Rawlings	Means of injury tnjured at works		
Address Greensboro, Maryland.	23. SIGNATURE SUSSESSION SUSSESSI		
March 25 19 48 Mary E. Laird (Date rec'd by registrar) Registrar	Redails The 1 2-34-45		



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02597 Reg. Diat. No. 64

CERTIFICATE OF DEATH

1984 588				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Maryland County Caroline			
City or fown. Telland Addition of the State of the County of the State of the County of the State of the Stat				
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits), write RURAL and give nearest town)			
() . /	Street No. Park Lane			
Park Lana	(If rural, give LOCATION)			
How long in hospitat or institution?	2.(a) if veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
John L. Tribbett	216-12-1960			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Mala White Married				
	20. DATE OF DEATH. March 18 19.48 21 9:45 A.			
8. (b) Name of husband or wife Esther K. Zribbett	21. I CERTIFY Inalideath occurred on the date above stated; that I attended deceased from			
	Oct 1947 10 Mas 18 19 48			
7. Birth date of	and that I last saw h. J.A.A. alive on M.A.Y. J. 8 19. 4. 8			
deceased (mo., day, yr.) april 3, 1870				
8. AGE: Years Months Days If less than one day	Immediate cause uf death			
o. No	Commence of prostate 141			
hrsmin.	Coscining of prostate 17			
8. Birthplace Carolina County Maryland (Town, dounty, and state)				
9. Birthplace	Due to generalise (m) lastans			
-D -				
In' aznai accabation	Ove fo			
11. industry or business House Painter				
12. Name John a. Tribbatt	Other conditions			
12. Name John a. Tribbett 13. Birthplace Kest County Delaware				
	(Include pregnancy within 3 months of death)			
14. Malden name Maggie Rickards				
14. Malden name Maggie Richards 15. Birtholace Sussex County, Aslaware	Majur findings of uperatious.			
	Date of op.			
18. Informant Mrs. Eastler N. Tribbett	Autopsy results			
Address Federalsburg, Thanyland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)				
(Burial, cremation, or removal. Which!) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory the Crest Contery	Where did injury occur? (City or town) (County) (State)			
Location Federalsburg Maryland	injured at home, farm, industry, public place (where?)			
1 × 1 1+ 2, 1	Mesns of Injury Injured at work?			
	On I made have my			
Address Federalsburg, Maryland	23. SIGNATURE M. D. or other			
19 There 20 1948 J. J. Fram Stom	Address closels being, md. Die street 3-20-48			

RECEIVED

MAR 31 1948

BUREAU V. S.